



NAME AND/OR ADDRESS CHANGE FORM

Please complete, print and sign.

MEMBER/EMPLOYEE INFORMATION

Name of Policyholder	Group Policy Number	Division Number	Member/Employee ID
Last Name	Given Name	Initials	Date of Birth (dd-mmm-yyyy)

NAME CHANGE COMPLETE IF YOU ARE REQUESTING A NAME CHANGE

Who is this change for? Reason for Change? If you selected "Other", please specify

Member/Employee
 Spouse
 Marriage
 Correction
 Other (specify)

Previous Name (as it appears on the most current Group Insurance Certificate)

Last Name	Given Name	Initials	Previous Signature
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New Name

Last Name	Given Name	Initials	New Signature
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CONTACT INFORMATION CHANGE FOR NEW ADDRESS, TELEPHONE OR EMAIL

Previous Contact Information

Street Address	City	Prov.	Postal Code
Telephone (Home)	Telephone (<input type="radio"/> Work <input type="radio"/> Cell)	Email	

New Contact Information

Street Address	City	Prov.	Postal Code
Telephone (Home)	Telephone (<input type="radio"/> Work <input type="radio"/> Cell)	Email	

Additional Information

Empty box for additional information.

X		X	
Member/Employee Signature (must always sign)	Date (dd-mmm-yyyy)	Spouse Signature (if changing name)	Date (dd-mmm-yyyy)

SEND YOUR COMPLETED FORM TO

iA Special Markets
 Industrial Alliance Insurance and Financial Services Inc.
 400-988 Broadway W, PO Box 5900, Vancouver, BC V6B 5H6

QUESTIONS?

Contact a Client Service Specialist at:
1.800.266.5667 (toll-free)
604.737.3802 (Vancouver)
specialmarkets@ia.ca
 Monday to Friday 6:30 a.m. - 4:30 p.m. Pacific Time